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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*SM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*Sri*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED      \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>David</i> Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials			

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## TITLE

Premenstrual dysphoric disorder medication

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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